

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90175 017 ***150.00

DOCUMENT # P01000003929

1. Entity Name
FRINA MEDICAL, INC.

Principal Place of Business
 10518 SW 75TH LANE
 MIAMI FL 33173

Mailing Address
 10518 SW 75TH LANE
 MIAMI FL 33173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7131 BLUE JUNIPER CT

3. Mailing Address
7131 BLUE JUNIPER CT.

Suite, Apt. #, etc.
U-102

Suite, Apt. #, etc.
U-102

City & State
NAPLES, FL.

City & State
NAPLES, FL.

4. FEI Number
65-1081438

Applied For
 Not Applicable

Zip
34109

Country
USA

Zip
34109

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL FLORENTINO
~~8804 TIMBERWOOD CIR.~~ **7131 BLUE JUNIPER CT.**
NAPLES FL 34109 **U-102**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Pres.	ROSALLEN J. WALCH	7131 BLUE JUNIPER CT. U-102	NAPLES FL 34109	<input type="checkbox"/>
	Sec. Treas	FLORENTINO MITCHELL	7131 BLUE JUNIPER CT. U-102	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an affidavit from all other filers empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

April 16, 2002
 Date **239-513-9343**
 Daytime Phone #

CR2E034 (9/01)